JC06 Rec'd PCT/PTO 09 JUN 2005

Application Data Sheet

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Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD_R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

No

Computer Readable Form (CRF)?::

No

Title::

INHALATION THERAPY DEVICE

Attorney Docket Number::

12684.0015USWO

Request For Early Publication::

No

Request For Non-Publication::

No

Suggested Drawing Figure:

Total Drawing Sheets::

8

Small Entity::

No

Latin Name::

Variety Denomination Name::

Petition Included::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

No

Name Suffix::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Robert

Middle Name::

Family Name:: WALDNER

City of Residence:: Peiting

State or Province of Residence::

Country of Residence:: Germany

Street of mailing address:: Weidenweg 2

City of mailing address:: Peiting

State or Province of mailing address::

Country of mailing address:: Germany

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Germany

Status::

Full Capacity

Given Name::

Daniela

Middle Name::

Family Name::

HÄUSER

Name Suffix::

City of Residence::

München

State or Province of Residence::

Country of Residence::

Germany

Street of mailing address::

Sarasatestrasse 73

City of mailing address::

München

State or Province of mailing address::

Country of mailing address::

Germany

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Uwe

Middle Name::

Family Name:: HETZER

Name Suffix::

City of Residence:: München

State or Province of Residence::

Country of Residence:: Germany

Street of mailing address:: Gottfried-Böhm-Ring 67

City of mailing address:: München

State or Province of mailing address::

Country of mailing address:: Germany

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Markus

Middle Name::

Family Name:: URICH

Name Suffix::

City of Residence:: München

State or Province of Residence::

Country of Residence:: Germany

Street of mailing address:: Arno-Assmann-Strasse 9

City of mailing address:: München

State or Province of mailing address::

Country of mailing address:: Germany

Correspondence Information

Correspondence Customer Number::

23552	
23332	

Representative Information

Representative Customer Number::	23552

Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This application is a	National Stage of	PCT/EP2003/013959	12/09/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Germany	102 57 381.6	12/09/02	Yes

Assignee Information

/Assignee Name::

PARI GMBH SPEZIALISTEN FÜR EFFEKTIVE

INHALATION

Street of mailing address::

Moosstrasse 3

City of mailing address::

Starnberg

State or Province of mailing address::

Country of mailing address::

Germany

Postal or Zip Code of mailing address:: 82319

Initial

06/09/05

Supplemental Application Data Sheet

Application Information

\$ 4

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD_R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence Submission:: No

Computer Readable Form (CRF)?:: No

Title:: INHALATION THERAPY DEVICE

Attorney Docket Number:: 12684.0015USWO

Request For Early Publication:: No

Request For Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 8

Small Entity:: No

Latin Name::

Variety Denomination Name::

Petition Included::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Robert

Middle Name::

Family Name:: WALDNER

Name Suffix::

City of Residence: Peiting

State or Province of Residence::

Country of Residence:: Germany

Street of mailing address:: Weidenweg 2

City of mailing address:: Peiting

State or Province of mailing address::

Country of mailing address:: Germany

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Daniela

Middle Name::

Family Name:: HÄUSER Mudenbruch

Name Suffix::

City of Residence:: München

State or Province of Residence::

Country of Residence:: Germany

Street of mailing address: Sarasatestrasse 73

City of mailing address:: München

State or Province of mailing address::

Country of mailing address:: Germany

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Uwe

Middle Name::

Family Name:: HETZER

Name Suffix::

City of Residence:: München

State or Province of Residence::

Country of Residence:: Germany

Street of mailing address:: Gottfried-Böhm-Ring 67

City of mailing address:: München

State or Province of mailing address::

Country of mailing address:: Germany

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Markus

Middle Name::

Family Name:: URICH

Name Suffix::

City of Residence:: München

State or Province of Residence::

Country of Residence:: Germany

Street of mailing address:: Arno-Assmann-Strasse 9

City of mailing address:: München

State or Province of mailing address::

Country of mailing address:: Germany

Correspondence Information

Correspondence Customer Number::

23552

Representative Information

Representative Customer Number::	23552

Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
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Germany